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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *See*  
THIS APPLICATION IS A CON OF PCT/FI00/00036 01/18/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *See*  
FINLAND 990102 01/19/1999

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 08/27/2001**

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35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>See</i> Initials			

**ADDRESS**  
00909

**TITLE**  
Controlled data network error recovery

<b>FILING FEE RECEIVED</b> 1196	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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